

RETURN TO CIA

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OUTSIDE ACTIVITY APPROVAL REQUEST

SEE HR 10-7 BEFORE SUBMITTING TO EAB AN ORIGINAL AND 3 COPIES OF THIS FORM

TO :	DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH	DATE
THROUGH:	(Operating official, administrative and/or security officer)	28 October 1968
	WH/SEC	

FROM :	NAME AND GRADE OF EMPLOYEE (Print or type)	COMPONENT	ROOM NO. AND BLDG.	PHONE
	Guy Vitale GS-8	DDP/WH/COG	3D57	6753

1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:

Visit to Munich, West Germany, December 24, 1968 to January 13, 1969. Will be in contact with Miss Margaret Spencer, and socially with M.O.B. Personnel.

2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED

(See above)

3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY

(See above)

4. REMARKS

In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7.

Signature of Requesting Employee

5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE

C/WH/COG/OPS

FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE

1 November 1968: Experienced traveler under DAC cover. [Agency personnel] will not be visited. z4

PJM

J. E. Shultz
AT

OUTSIDE ACTIVITY APPROVAL REQUEST

SEE BP 10-1 BEFORE SUBMITTING TO EAB AN ORIGINAL AND 3 COPIES OF THIS FORM

TO :	DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH	DATE	26 November 1967
THROUGH:	(Operating official, administrative and/or security officer) <i>Mr. Security BH</i>		

FROM :	NAME AND GRADE OF EMPLOYEE (Print or Type) : COMPONENT	ROOM NO. AND BLDG.	PHONE
	<i>George T. Howell GS-12</i>	<i>EM/ADS</i>	<i>SECO 6275</i>

1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:

Visit Munich, West Germany for three weeks. Will make social contact with Miss Margaret Spender.

2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED

Visit

3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY

December 29, 1967 to 19 January 1968

4. REMARKS

In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7.

SIGNATURE OF REQUESTING EMPLOYEE

5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE

03 (*George Howell*) AC/WH/ceo/cics

FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE

11 December 1967: Requested travel under DAS cover. Other than (*Mrs. Spender*) who is an Agency employee, (CIA personnel) will not be contacted. 03

24

PB/
PBM 57 3 18 LH
3 Dec 1967
E. J. C. Shostak
JAN 1968

CONFIDENTIAL
(When Filled In)

REINVESTIGATION PROGRAM - PROCESSING SHEET

SUBJECT				FILE NUMBER
<i>VITALE, Lucy</i>				<i>39049</i>
GRADE <i>1-S7</i>	OFFICE <i>W.H.</i>	ROOM AND BUILDING <i>SD 38 HQ</i>		
DATE OF LAST INVESTIGATION <i>1962</i>		ROUTE TO	ACTION	INITIALS
DATE OF LAST POLYGRAPH <i>10/22/62</i>				
DATE OF PHS IN FILE <i>1962</i>				
FOLLOWING ACTIONS ARE BEING TAKEN				
1. LETTERS SENT TO PERSONNEL, MEDICAL STAFF AND A & E ON <i>11 OCT 1967</i>				
2. PHS AND APPENDIX I SENT TO SUBJECT FOR COMPLETION ON <i>11 OCT 1967</i>				
3. PHS AND APPENDIX I RECEIVED FROM SUBJECT ON				
4. NAME, POLICE AND CREDIT CHECKS SCHEDULED <i>OCT 67</i>				
5. NAME CHECKS, POLICE AND CREDIT CHECKS COMPLETED <i>2-8 NOV 1967</i>				
6. INTERVIEW WITH SUPERVISOR		REQUESTED	NONE	
7. NEIGHBORHOOD INVESTIGATION		REQUESTED	NONE	
8. CASE PENDED TO <i>4/73</i>		FOR REINVESTIGATION		FOR RETURN TO HEADQUARTERS
9. OTHER (explain)				
Based upon review of this case, current investigation and interview, no pertinent information was developed which would change Subject's security status.				
DATE	SIGNATURE (For Chief, PSD) <i>Donald A. Collier</i>			
<i>10 April 68</i>				

SECRET

(When Filled In)

Nellie!

TRANSMITTAL OF INVESTIGATIVE REPORTS			
TO : Chief, Personnel Security Division		ATTN: Chief, Clearance Branch RECORDED CONTROL DESK	
SUBJECT: <i>Vitale, Guy</i>		CASE NO. <i>39049</i>	
NAME CHECK RESULTS (See attachments)			
<input checked="" type="checkbox"/>	COVERAGE	TWX	REPORT
<input checked="" type="checkbox"/>	COMPLETE NAME CHECKS <i>11/28</i>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	PARTIAL NAME CHECKS		
<input type="checkbox"/>	MILITARY SERVICE		
<input type="checkbox"/>	RI		
<input type="checkbox"/>	K		
NAME CHECKS INCLUDE INVESTIGATIVE REPORTS BY			
FIELD RESULTS (See attachments)			
COV. BY		TWX	REPORT
<i>WFO</i>	<i>2/28/68</i>		<input checked="" type="checkbox"/>
<i>1dgs</i>	<i>3/15/68</i>		<input checked="" type="checkbox"/>
STATUS OF CASE			
<input type="checkbox"/> CLOSED	OTHER MATERIAL PREVIOUSLY FORWARDED		
<input type="checkbox"/> CLOSED PREVIOUSLY			
<input type="checkbox"/> CANCELLED			
<input type="checkbox"/> PENDING			
PENDING COVERAGE AND/OR REMARKS			
<i>892 626 628</i> <i>19 14 04</i>			
<input checked="" type="checkbox"/> PHS ATTACHED			
DATE	FROM: Chief, Investigation Division <i>OB</i>		
<i>3/28/68</i>			